

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097202464

FILING DATE 12-14-98

APPLICANT(S)

Page 1

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				/	
2	/				/	
3	21					
4	12					
5	17				/	
6	6					
7	61					
8	10					
9	0					
10	18					
11						
12					/	
13					/	
14						
15						
16						
17					/	
18						
19						
20					/	
21					/	
22					/	
23					/	
24					/	
25					/	
26					/	
27					/	
28					/	
29					/	
30					/	
31					/	
32					/	
33					/	
34					/	
35					/	
36					/	
37					/	
38					/	
39					/	
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.					14	
TOTAL DEP.					31	
TOTAL CLAIMS					327	

•		•		•		•
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS ONLY						SERIAL NO. 09/202,464	FILING DATE 12/14/98		
						APPLICANT(S)			
1.06.05						CLAIMS			
	XREF'D		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
17						67			
18						68			
19						69			
20						70			
21						71			
22						72			
23						73			
24						74			
25						75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.	3					TOTAL IND.			
TOTAL DEP.	16					TOTAL DEP.			
TOTAL CLAIMS	19					TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS